



Mental Health Update May 25, 2007

New England Homeless Management Information Systems (HMIS) Practitioners Convene at UMass Boston for Regional Conference

Boston, May 14, 2007 - The first ever New England-wide Housing and Urban Development (HUD)-mandated Point in Time (PIT) homeless data count was conducted earlier this year.

The findings draw from 43 communities—HUD defined “Continuums of Care”—throughout New England. Forty-five percent of the counted homeless people are persons in families, and 15 percent stay in locations not meant for human habitation on cold winter nights, such as the streets, cars, or abandoned buildings. According to these data, Vermont, Massachusetts and Maine have the highest homelessness rates in the region. The full report will be available this summer on the Center for Social Policy and NERHMIS websites.

The data identifies that over 28,000 people are homeless in New England on a given day, according to a presentation at the third annual HUD New England Regional HMIS Conference—“Making the Data Count.”

The conference convened a coalition from across New England of homeless management information system stakeholders including homeless service providers, government officials, policy makers, researchers, and formerly homeless people. It was hosted by the Center for Social Policy at UMass Boston’s McCormack Graduate School of Policy Studies in partnership with the New England Regional HMIS (NERHMIS) Collaborative. Brian Smith of the VDH Division of Mental Health is the founder and chair of NERHMIS.

There are 750,000 literally homeless people on a given night nationally, and HUD provides housing for 160,000 of those people. HUD continues to work on two major priorities among its many homeless programs including ending chronic homelessness and moving homeless individuals and families into permanent housing.

Northwestern Counseling and Support Services (NCSS) Plans New Building for DS and Children’s Service

NCSS has filed a letter of intent to construct a new building in St. Albans to house Developmental Services and Children/Family Services. The agency hopes to begin construction in late summer for the 22,210 square foot building, and will need a Certificate of Approval to do so. Proposed projects by Vermont Designated Agencies are

excluded from Certificate of Need review and approval under 18 V.S.A. § 9435(b). Rather, they must be approved by the Commissioners of the Department of Health and of the Department of Disabilities, Aging and Independent Living.

The anticipated capital cost for the building is 4 million dollars. The Letter of Intent can be seen on the Certificate of Approval page of this website or by clicking below.
<http://healthvermont.gov/mh/coa/documents/coaletterofintent051707.pdf>

FUTURES

Corrections Inpatient Work Group

At its May meeting, the work group continued discussion of how to arrive at a best estimate of the number of beds to include for Corrections in planning the inpatient capacity for replacing VSH. This is the core charge of the work group. In the past, historical trends have been relied upon rather than assessment of need. The group plans to examine the criteria for admission to VSH and assess how these criteria would be operationalized in Corrections. To help with this task, an *ad hoc* subcommittee has been formed to:

- review current mental health screening standards for admission to the Vermont State Hospital
- evaluate these procedures in relation to the needs of inmates
- review the experience of Corrections in seeking emergency exams for inmates
- identify elements of the current emergency exam standards that are appropriate for a Corrections environment and those that require modification
- recommend clear guidelines on how to apply the emergency exam process within a correctional facility.

VERMONT INTEGRATED SERVICES INITIATIVE (VISI)

VISI Meetings

Forty-one people attended the VISI Steering Committee meeting in May. Thomas Kirk, Commissioner of the Department of Mental Health and Addiction Services in Connecticut spoke to the committee about Connecticut's behavioral health system and stayed throughout the day to help with roundtable discussions.

VISI, in partnership with Vermont Psychiatric Survivors and Friends of Recovery Vermont, held a focus group at the Turning Point Center in Rutland on April 30, 2007. The focus group was a "kick off" to planning peer led co-occurring services in Rutland County. Twenty-eight people attended the meeting.

VISI is now partnering with 30 agencies around the State to improve their capacity to serve people with co-occurring conditions.

The topics of the VISI Steering Committee's subcommittees include:

- creating a Co-Occurring 101 curriculum

- researching peer credentialing and peer reimbursement for peer mentoring services
- researching a Professional Co-Occurring Certification
- researching ways to streamline and coordinate funding for co-occurring services

VERMONT STATE HOSPITAL CENSUS

The Vermont State Hospital Census was 49 as of midnight Wednesday night. The average census for the past 45 days was 49.